



## **ATLANTA POLICE DEPARTMENT**

### **Awareness Statement: Truthfulness**

**OPS**

**Complaint #** \_\_\_\_\_

This statement form will be completed for every employee, accused or witness, in its entirety by the interviewer, and will be signed by the employee, prior to obtaining a statement for any allegation being investigated by the investigating authority.

I am aware that I may be **dismissed** for a Sustained violation of  
**APD.SOP.2010, "Employee Work Rule" 4.1.03 (Truthfulness) which reads:**

***"Employees will be truthful in their written and spoken words at all times."***

Do you understand this statement?

Yes       N  
      o

James Longshore  
(Employee's Printed Name)

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date/Time)

\_\_\_\_\_  
(Interviewer's Printed Name)

\_\_\_\_\_  
(Interviewer's Signature)

\_\_\_\_\_  
(Date/Time)

\_\_\_\_\_  
(Witness Representative's Printed Name)

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(Witness/Representative's Signature)

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(Date/Time)